PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705198

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			53 minus 20=		* 33.			X\$ 9=		OR	X\$18=	394. n
INDEPENDENT CLAIMS			4 mi	nus 3 =	*	1 7		X43=		OR	X86=	86.
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	+ 290
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		Ųη OR	TOTAL	1740 -
CLAIMS AS AMENDED - PART II								4 .]);	OTHER	
(Column 1)				(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	
	٠.						L	TOTAL	·		TOTAL	
	•					, , , , , , , , , , , , , , , , , , ,	A	DDIT. FEE		OR	ADDIT. FEE	· · · · · · · · · · · · · · · · · · ·
		(Column 1) CLAIMS	1	(Colum		(Column 3)	1 -					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	-	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL			TOTAL	
		A	DDIT. FEE L			ADDIT. FEE						
AMENDMENT C	`	(Column 1) CLAIMS REMAINING AFTER	·	(Colum HIGHE NUMB PREVIO	ST ER	(Column 3) PRESENT EXTRA	lr	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	,	AMENDMENT		PAID F		EXTRA			FEE			FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
7	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		╽├			UIT		
A MAN and a six and was disclosed than the protection polymer Q visite #07 in column Q										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nder Previously Paid her Previously Paid					er foun	d in the ann	ropriate box	in coli	umn 1.	